

Health for all in the 21st century



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Health for all in the 21st century

Briefing summary on the new global health policy.

Prepared at the request of the 101st session of WHO's
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Preface

Today's world was impossible to imagine in 1978, when the policy of "Health for All" (HFA) was adopted at the International Conference on Primary Health Care at Alma-Ata. The last twenty years have seen political, economic, environmental and social change on an unprecedented scale. This has huge implications for health. Most profound is the massive growth in transnational travel, trade, and communication - especially since the end of the Cold War - that has breached all the boundaries of our lives and made us all members of the global village. Globalization offers myriad opportunities for improving health and well-being through the sharing of knowledge, ideas and technologies. But it also poses new threats to health.

The need for a new vision and model of health to suit the realities of the modern world is urgent. For the past three years WHO has led an intensive consultation process worldwide aimed at formulating a new global health policy. Besides drawing on a diversity of knowledge, wisdom and aspirations, the purpose was to encourage a wide sense of ownership of, and commitment to the new policy.

This briefing paper is prepared at the request of WHO's Executive Board as an aid to reading the full draft of the new policy. The paper:

- *summarizes the present state of the world's health, indicating trends in disease patterns, and modern challenges to health.*
- *identifies the key themes and elements of the new policy and the values that underpin it.*

Health for All in the 21st Century builds on the strengths of the original policy. But it gives added emphasis to "health as a human right"; to gender sensitivity; and the paramount importance of addressing poverty and inequality as both root causes and results of ill health. It also stresses the need to break the mould of the past and to accept fundamental changes in the way we view health, where and how health activities take place, and who should be responsible. With deeper understanding today of the diverse influences on health it calls, in effect, for its "de-medicalization". Globalization places new responsibilities on the international community. The need for global collective action to complement and support action at country level has never been more important.

The challenge presented by the new policy is enormous but attainable. The technical know-how to meet its goals is available. What is needed now is political commitment, broad public support, and readiness to work together in new ways for the common good.



State of the world's health

Considerable improvements in health over the past 20 years have not been shared equitably. Besides addressing unmet needs of the past, a radically changed world faces new threats to health.

“ Health for All is a process leading to progressive improvements in the health of people and not a single finite target ”

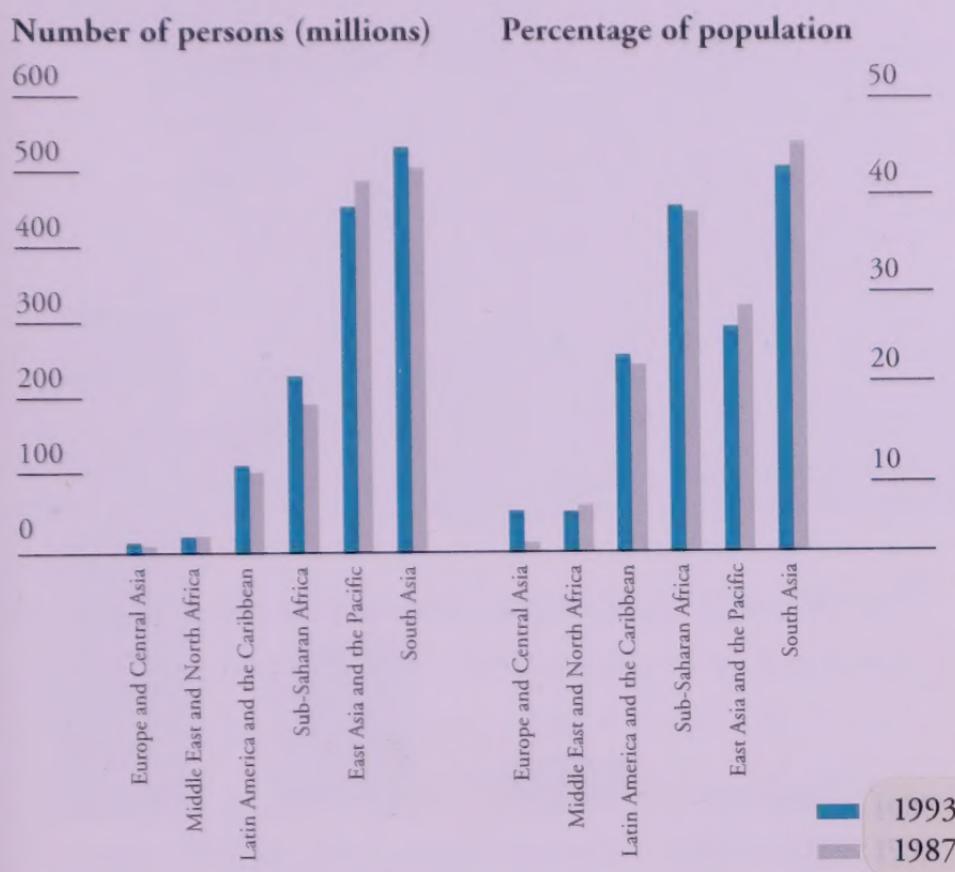
Since Alma-Ata, substantial progress has been made in improving global health. Infectious diseases have declined, as has infant mortality. More people are better nourished; access to clean water has increased,

and people are living longer than ever before. However, these gains have not been shared equitably. For millions, life remains grim and survival precarious.

- Provision of health care services has increased steadily. But millions of the world's population still lack regular access to basic treatment and essential drugs.
- The numbers of extremely poor people doubled between 1975 and 1990. Today more than 1.3 billion people live in abject poverty, and the gap between rich and poor is widening.
- A pregnant woman in Africa is 13.5 times more likely to die in childbirth than a woman in Europe.
- Infant mortality rates are in many of the least developed countries still far above 100 per 1000 live births.
- Substantial progress has been made in vaccination coverage averting millions of children dying prematurely. Integrated health systems are necessary to make these gains sustainable.

Poverty and growing inequities

Population living on less than US\$1 a day in developing economies, 1987 and 1993



- Efforts to reduce malnutrition have stagnated in many countries.

“Poverty is a major cause of under-nutrition and ill-health.”

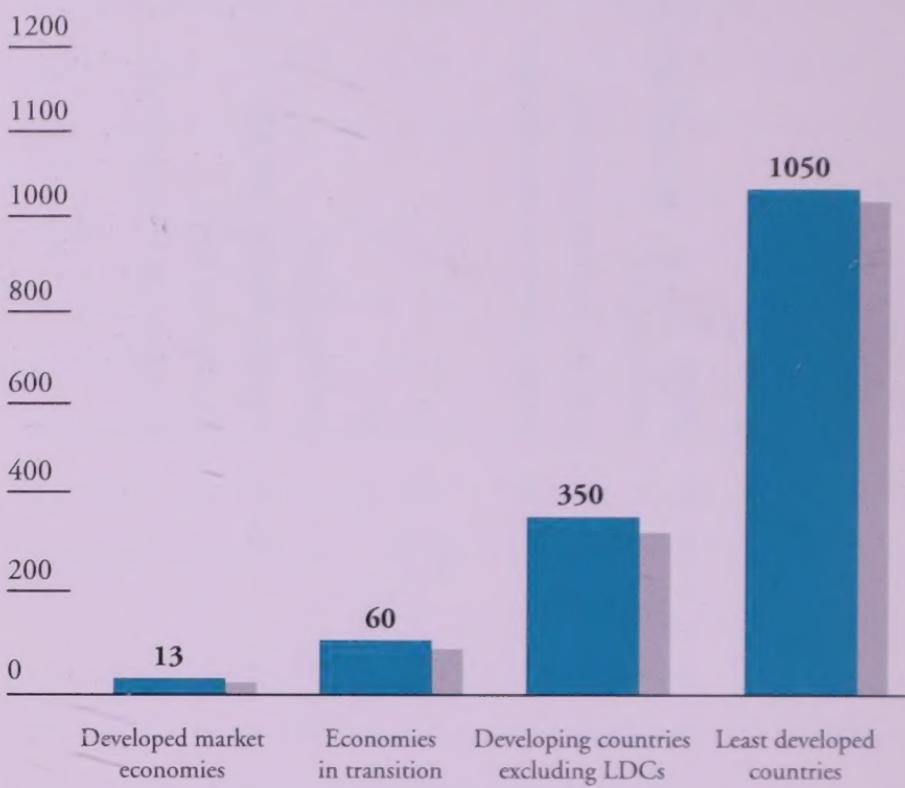
New influences on health include:

- Globalization** – The massive increase in transnational travel and trade poses many new threats to health. For example,
 - World consumption of tobacco has increased 75 % over 20 years, with the biggest expansion in developing countries;
 - The global food trade, worth \$266,000 million in 1994, has promoted wide adoption of the high-fat “hamburger lifestyle”. World-wide incidence of food-borne diseases caused by micro-organisms, has increased.

Maternal mortality

pregnancy-related deaths per 100'000 live births, 1990

Pregnancy-related deaths per 100'000 live births



Level of development

- With over 400 million people crossing state borders each year, infectious diseases are increasingly difficult to contain.
- **Urbanization –**
Uncontrolled urban growth leads to over-crowding and environmental pollution that favours the spread of infection. Anxiety, depression, alcohol and drug dependency, and violence are also common features of poor living conditions.

“ The health of the world’s citizens is inextricably linked; it is less and less a function of events within geographical boundaries. ”



- **Ageing of populations** – By the year 2020, the number of people over 65 is projected to increase globally by 82 %, to more than 690 million. Social support systems will come under increasing stress, and disability and mental disorders will become more common.
- **Environmental degradation** – Hazards to health include air and water pollution, climate change, ozone depletion, and loss of biodiversity. Environmental change could see the emergence of new infectious diseases and the wider distribution of vector-borne diseases.
- **New and re-emerging diseases** – Since 1978, 29 new infectious diseases have appeared, and drug-resistant organisms have proliferated. The resurgence of diseases like malaria and tuberculosis, in more virulent forms, highlight the importance of maintaining public health vigilance.

By the 2020s, noncommunicable diseases – largely lifestyle-related – will be the dominant causes of death and disability world-wide.

A new vision

are based on sound values and ethical principles.

“ Technical solutions executed in the absence of values are likely to increase the gaps in health and wealth ”

Health for all is only achievable if activities

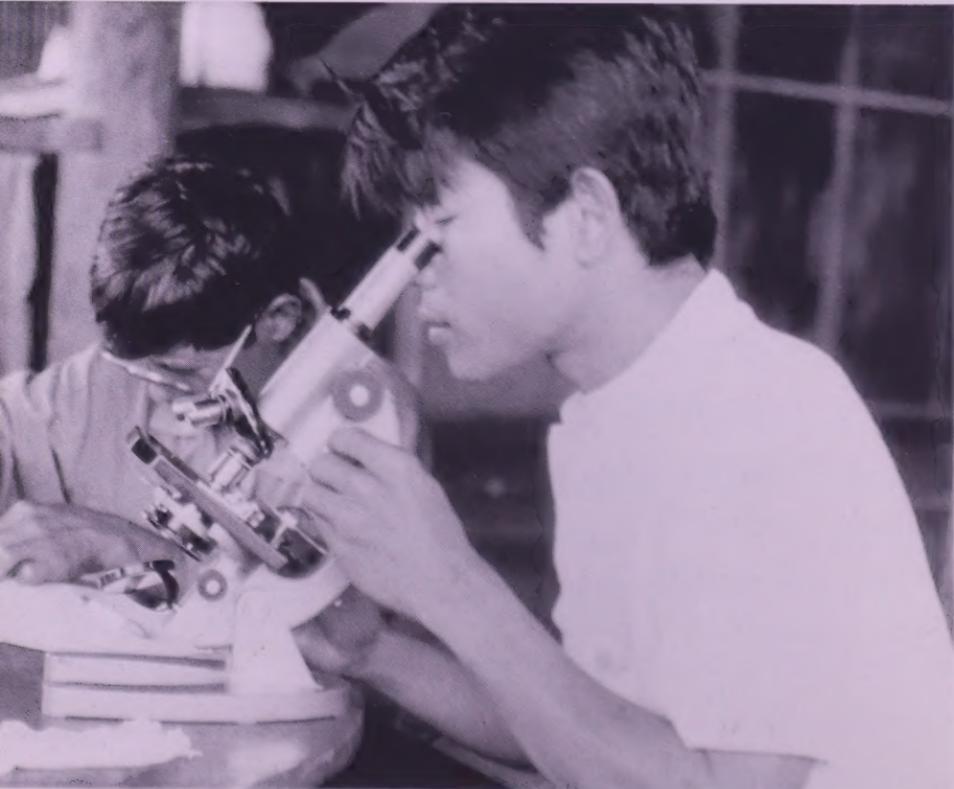
Science is providing new possibilities for the treatment of disease and promotion of health.

A strong framework of values is needed to

ensure that the benefits accrue to everyone, not just a privileged few.

The core values that underpin the new global health policy are:

- **The right to health.** Health is a fundamental human right. It is also a prerequisite for the full enjoyment of all other human rights. Respecting this principle requires that national and international human rights instruments be adopted and applied.



- **Equity.** Equity requires that:
 - health information be analysed by social class, sex, age, and geography so that trends and inequities become clear
 - resources be focused on those whose need is greatest,
 - uneven benefits of globalization and exploitative trade practices be addressed.
- **Ethics.** Advances in science are challenging concepts of death, parenthood, and the very notion of what makes us human. Consideration of the ethical implications of research and its applications must be as strong as the science itself.
- **Gender sensitivity.** The differing health needs and priorities of women and men should be identified and addressed by health systems.

Gender sensitivity requires that:

- Gender-related barriers to health care be removed;
- Equal weight be given to knowledge, values and experience of women and men, and they participate equally in research policy and decision-making.

“*Equity and solidarity across generations require that we maintain and protect our environment, and that work on the human genome conforms to agreed ethical standards*”

“*Education of girls and women will reduce child mortality and the birth rate, help eliminate gender inequalities in early childhood, and lead to more healthy populations.*”

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Health: a cornerstone of development

For development to be sustainable, health

and economic growth must be mutually reinforcing. Health is an essential prerequisite as well as an outcome of sound development policies.

“Without good health, individual, families, communities and nations cannot hope to achieve their social and economic goals.”

The central importance of health in the development process – both as a resource and a desired outcome – must be reflected in the priorities of development policies and planning. This is a key objective of the

new global policy, and will require new thinking and strong advocacy by health professionals. At present, health is often a casualty rather than a beneficiary of development activities, which tend to focus on economic growth as an end in itself.

Putting health at the centre of development means acting on the determinants of health. Key strategies are:

- **Combating poverty** as a matter of priority – This requires action at global and national levels, and includes measures to:
 - reduce debt and extend credit to poor countries and poor people
 - promote food security
 - strengthen public health infrastructure and essential health care services
 - control diseases which impede economic development

“The health of people is an indicator of the soundness of development policies”



- empower women
- encourage the creation of jobs
- **Promoting health in all settings** – Measures should be taken to encourage lifestyles and environments – in the home, school, workplace, community – supportive of good health. Individuals and communities need support to look after their own well-being through health education and skills training.
- **Promoting health in all sectors** – Health is strongly influenced by policies over which health systems have no control. All government ministries – from trade, education, finance and agriculture, to energy and environment – need to monitor their policies for their impact on health, and actively promote it wherever possible.

“ For development to be sustainable, its benefits must accrue to present and future generations. ”

“ Addressing the global threat of infectious diseases and other health hazards is an important collective security issue for all state foreign ministries. ”

Health systems of the future

Strengthening current primary health care systems is essential, but will not be enough in itself to address the unmet needs of the past and the enormous health challenges of the future. A far greater understanding of the diverse influences on health, has made fundamental reform of health systems imperative.

“ Partnerships for health will bring together different ideologies, cultures and talents in a way that creates energy and stimulates imagination. ”

Health systems of the future must strike a new balance between health care for the individual and the protection and promotion of the health of whole populations. Primary health care services need strengthening through increased investment and reform to ensure they are

accessible to everyone and that they focus on the priority health needs of the communities they serve. At the same time, the crucial importance of public health – neglected and underfunded in many places at present – must be recognized.

Health systems of the future will be characterized by:

- **broad alliances for health:** a great diversity of groups and individuals at local, national and global levels will be involved in an equally diverse range of complementary activities with an impact on health.
- **flexibility,** to be able to respond readily to changing health needs, and grasp new opportunities offered by science and technology.

- **radically different health care settings** – with a greater emphasis on home- and community-based services reliant on a wider range of professional and non-professional providers. Health will be integrated with social and environmental services.
And modern information and communications technology will be used increasingly to link activities as well as to deliver “remote” and “interactive” care.

“ The views of marginalized groups and patients are crucial to the development of equitable and sustainable health policies. ”

Health systems will take many forms, but essential elements include:

- **A life-span approach:** Health systems should provide a continuum of high quality care from conception to death, based on the understanding that a person’s health status at any one time is influenced by events and conditions earlier in life. Ensuring the healthy development of children by meeting their diverse needs in an integrated manner is an excellent investment in the long-term health of populations and in equity.
- **Specific measures to control and prevent disease,** with emphasis on common and endemic diseases, injuries and violence.

“ A life-span approach to health has the potential to reduce disabilities and enhance the quality of life in later years. ”

- **Laws and regulations** to give guidance, set standards, and create an environment in which collective action for health is facilitated, and activities that threaten health – including trade and industrial practices – are curbed.
- **Health information systems** able to provide intelligence for rational decision-making and setting of priorities, give early warning of health hazards, and highlight shortcomings in planning and performance of the health system. Strong links should be developed between national, regional and global information systems.
- **Appropriate, needs-driven research** and increased use of technology for health. Technology's potential for improving quality of life has never been greater, but barriers to the use of what is available – including cost, and lack of skills and knowledge – need breaking down.
- **A workforce with a wider range of skills.** Skills required by modern health systems to complement traditional medical skills include community development, communications, technology use, and the ability to work in a multidisciplinary and collaborative fashion. Staff skills should be regularly up-graded and training curricula up-dated to reflect changing needs.
- **Adequate and sustainable financing.** Measures to ensure the cost-effectiveness of interventions, disciplined spending, universal and equitable access to services, and an emphasis on preventive and promotional activities will be priorities. They are most likely to be met when government has overall responsibility for health spending, regardless of the source of funds.

“Health is everyone’s business”

Global Targets to 2020

1. Increase equity in health and use health equity indices such as childhood stunting.
2. Improve survival and quality of life, indicated primarily by reductions in maternal and child mortality and increased life expectancy.
3. Eradicate and eliminate certain diseases (Measles, lymphatic filariasis, Chagas disease, leprosy, trachoma and vitamin A and iodine deficiencies).
4. Reverse global trends for tuberculosis, HIV/AIDS, malaria, tobacco-related diseases, and violence/trauma.
5. Improve access in all countries to safe drinking water, sanitation, food and shelter.
6. Promote healthy lifestyles and discourage health damaging ones in all countries.
7. Develop, implement and monitor national policies consistent with Health for All.
8. Improve access everywhere to comprehensive, high quality essential health care.
9. Establish and strengthen operational global and national health information and surveillance systems
10. Develop and enhance health research programmes at global, regional and country levels.

Taking responsibility for action

The vision and ideals of the new global health policy are strong. Translating them into tangible and lasting improvements in the health of populations calls for clear goals, dynamic leadership, broad public support, good governance, and adequate resources.

It also calls for committed action at all levels – global, regional, national and local. What does this mean, in practical terms, for the key players?

- It is **the role of WHO**, as the **world's health advocate**, to stimulate global action and provide global leadership for Health for All (HFA). WHO will build strategic alliances with other UN organizations, the World Bank, Nongovernmental Organizations (NGOs), the private sector and other relevant partners in pursuit of HFA goals at all levels. Specifically WHO will:
 - Establish active global surveillance and alert systems
 - Develop global ethical and scientific norms, standards and commitments and international instruments that advance health.
 - Through a strong international network encourage technological and scientific innovation that serves the needs of all.
 - Facilitate technical cooperation and mobilize resources for the poorest countries and communities
 - Provide leadership for the eradication, elimination or control of selected diseases

- At national level it is **Governments' responsibility** to create an enabling environment for action in support of Health for All. This requires:
 - Providing a legal and regulatory framework supportive of HFA.
 - Defining the responsibilities of private-sector health care in delivering HFA.
 - Securing adequate and sustainable funding for health systems.
 - Ensuring that public health activities and infrastructure are maintained at effective levels.
 - Making health central to development by, *inter alia*, ensuring that economic policies promote health and equity; giving high priority to health, education and social services in the national budget and requiring health-impact assessments for economic development projects.
 - Developing a technology for health policy.



- It is the **Ministry of Health's responsibility to develop national policy in line with HFA**, and to implement and monitor it. In building the broad alliance for health that is central to the new HFA policy, the Ministry of Health should take the lead by:
 - identifying the impact on health of other sectors' policies and activities, and the role they could play in multisectoral action;
 - creating channels of communication with potential partners outside government, especially community-level NGOs and the private sector.

The potential contribution of other sectors to HFA is enormous:

- **Environmental** policies that protect against pollution and land degradation, control pests, manage hazardous chemicals and wastes, promote access to safe food, water and sanitation, and protect biodiversity, are directly relevant to health. In future, health indicators should be incorporated in environmental impact assessments of economic development projects.
- **Agricultural** policies can incorporate disease prevention measures in irrigation schemes; minimize the use of toxic chemicals by encouraging biological control of pests; promote food security by encouraging crops that meet local needs; and encourage substitution of harmful crops, e.g. tobacco.
- **Education** policies can promote health information and healthy lifestyles in schools; ensure equal opportunities for girls at all levels; promote students' chances of employment and self-reliance.

- **Energy** policies that favour health should support cleaner sources of energy for all purposes, e.g. lead-free petrol for vehicles, gas and smokeless fuel for domestic heating, and hydroelectric power, and promote energy efficiency in building and transport.
- **Labour** policies can promote healthy working conditions, employment practices and living wages; provide for occupational health services; and address problems of unemployment and poverty.
- **Trade** and **fiscal** policies can be used to control production, promotion and access to potentially harmful products such as tobacco, alcohol, weapons, and certain pharmaceuticals and foods. Trade policy plays a direct role in protecting health through the setting of quality, hygiene and safety standards for products.
- The new policy's emphasis on public participation and community-level delivery of services offers **Non-governmental Organizations (NGOs)** a strong role. Many are ideally placed to act as the voice of communities and civil society, and as implementers of policy at grassroots level. Their ability to represent the interests of disadvantaged groups – at national and global levels – will be particularly important to HFA. NGOs working in many different fields should identify opportunities for dialogue and partnership with government and other players.

A multisectoral group of NGOs has started to work on setting up a Global Health Watch to monitor performance globally and nationally and draw attention to shortcomings.

- The new global health initiative offers enormous scope to the **Media**. The new challenges to health and the novel ways in which they are being addressed are of great public interest, and lend themselves to imaginative coverage in news reports, discussion and analysis.

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